

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18551**

FILED JUL 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 658

1. PLACE OF DEATH a. COUNTY <b>GREENS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
c. LENGTH OF STAY (in this place) <b>LIFE</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>848 N. CAMPBELL</b>		e. STREET ADDRESS (If rural, give location) <b>848 N. CAMPBELL</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b>		b. (Middle)	
c. (Last) <b>BLACK</b>		4. DATE OF DEATH <b>JULY 7-1954</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>UNKNOWN</b>
9. AGE (In years, Months, Days) <b>79</b>		10. IF UNDER 14 HRS. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>GREENE COUNTY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>PURNEL HUFFMAN</b>		13b. MOTHER'S MAIDEN NAME <b>MARY (UNKNOWN)</b>	
14. NAME OF HUSBAND OR WIFE <b>X</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME <b>TILLMAN HUFFMAN</b> ADDRESS <b>SPRINGFIELD, MO.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 hours</b>	
ANTECEDENT CAUSES		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		<b>Senility</b>	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4/20/1</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____ 19____, to <u>7-7-54</u> , 19____, that I last saw the deceased alive on <u>7-7-54</u> , 19____, and that death occurred at <u>10:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>E. Feller M.D.</b>		23b. ADDRESS <b>609 Cherry, Springfield, Mo.</b>	
23c. DATE SIGNED <b>7-9-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7/10/54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>ST. MARY'S CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>	
DATE REC'D BY LOCAL REG. <b>7-9-54</b>		REGISTRAR'S SIGNATURE <b>Frank Williamson</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>H.H. LOHMEYER</b> ADDRESS <b>SPRINGFIELD, MO.</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Paul C. Thieme*

Licensed Embalmer No. *2687*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.